## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48							
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼							
WOMEN SPEAK OUT PAC		C C00530766							
		0 13333.55							
Check if 24-hour report 48-hour report New report Amends report filed on 04 / 25 / 2019									
Full Name of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
•									
Mailing Address 421 Fayetteville St #1020	lailing Address 421 Fayetteville St #1020								
City State Zip	Code	1500.00							
Raleigh NC 27	7601	Transaction ID : SE.13637  Date of Disbursement or Obligation							
Purpose of Expenditure Phone calls	Category/ Type 004	04 / 24 / 2019							
Name of Federal Candidate	<b>✗</b> Support Office	Sought:  House District:03							
PERRY, JOAN, , ,	Oppose	President Senate State: NC							
Calendar Year-To-Date Per Election for Office Sought	Disbut 2019	rsement For:   Primary General  Other (specify) ▶							
Full Name of Payee i360		Date of Public Distribution/Dissemination							
1300		04 / 24 / 2019							
Mailing Address P.O. Box 37046		Amount							
City State Zip	o Code	500.00							
Baltimore MD 2°	1297-3046	Transaction ID : SE.13635  Date of Disbursement or Obligation							
Purpose of Expenditure Phone calls	Category/ Type 004	M 04							
Name of Federal Candidate	<b>✗</b> Support Office	Sought: House District: 03							
PERRY, JOAN, , ,	Oppose	President Senate State: NC							
Calendar Year-To-Date Per Election for Office Sought	Disbu 2019	rsement For: X Primary General Other (specify) >							
-	'								
(a) SUBTOTAL of Itemized Independent Expenditures	·····	2000.00							
(b) SUBTOTAL of Unitemized Independent Expenditures									
(c) TOTAL Independent Expenditures	·····								
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.									
Buchanan, Emily, , ,  [Electronicals] Signature	ly Filed] Date 04	4 25 2019							
Oignature									

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sc	chedule E)	11 =/1 =:15.					PAGE 2 FOR SE OF	OF 2 FORM 24/48			
	ME OF COMMITTEE (In Full)					FEC II		ON NUMBER ▼	_		
W	VOMEN SPEAK OUT PAC					C	C00530766				
							000000.00				
Check if 24-hour report 48-hour report New report Amends report filed on 04							25	2019			
	Full Name of Payee					Date of Public Distribution/Dissemination					
	i360					04	25	2019			
	Mailing Address P.O. Box 37046					Amount					
1	City	State	Zip Code			· · · · ·		150.00	1		
	Baltimore	MD	21297-30	97-3046 <b>Tra</b> n			ction ID : SE.13641 f Disbursement or Obligation				
	Purpose of Expenditure Emails		Category			M M 04	/ D D /	2019	1		
	Name of Federal Candidate					[		03	4		
	PERRY, JOAN, , ,		<b>X</b>	Support Oppose		Sought:  President	X House Senate	District: 03 State: NC	-		
Ì	Calendar Year-To-Date			Оррозо	+ $-$	resident Sement For:	Senate  Primary	Otato.	_		
	Per Election for Office Sought		66153.6	i4	2019	Other (sp					
	Full Name of Payee					Date of Publi	ic Distribution/	Dissemination			
1	Media Bridge					04 04	/ D D / 25	2019	1		
	Mailing Address 11300 Astarita Ave					Amount					
Ì									٦		
1	City					4000.00 Transaction ID : SE.13639					
Ì	Partlow	VA 22534					Date of Disbursement or Obligation				
	Purpose of Expenditure Emails		Category Typ			04 04	25	2019	]		
Ì	Name of Federal Candidate		x	Support	Office	fice Sought: X House District: 03					
	PERRY, JOAN, , ,						President Senate State: NC				
	Calendar Year-To-Date Per Election for Office Sought		66003.6	34	Disbur 2019	rsement For: Other (sp	★ Primary necify) ►	Genera			
_						Outer (or	pecity,		=		
(	(a) SUBTOTAL of Itemized Independent Expenditu	ıres			<b>•</b>			4150.00			
	(b) SUBTOTAL of Unitemized Independent Expend	ditures			·· •		1 1 7		1		
	(c) TOTAL Independent Expenditures				··· <b>•</b>	7	7	6150.00	]		
١	Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized									
	Buchanan, Emily, , ,	[Electron	ically Filed	<i>l</i> Date	e 04	M / D D D D 25	/ Y Y 201	9			
	Signature										